2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04536

FILED Jan 25, 2009 Secretary of State

Entity Name: CHAPEL OF WINDMILL VILLAGE, INC.

Current Principal Place of Business: New Principal Place of Business: % S. TRENE BROWN % J. NICOLINE 196 ELBERG DR WINDMILL VILL 489 ZUIDER ZEE N. FORT MYERS, FL 33903 N. FORT MYERS, FL 33903 US **Current Mailing Address:** New Mailing Address: % S. TRENE BROWN % J. NICOLINE 489 ZUIDER ZEE 196 ELBERG DR WINDMILL VILL N. FORT MYERS, FL 33903 N. FORT MYERS, FL 33903 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROWN, SI NICOLINE, J I 196 ELBÚRG DR W V 489 ZUIDER ZEE N FT MYERS, FL 33903 US N FT MYERS, FL 33903 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: J. NICOLINE 01/25/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NICOLINE, JAN Name: Name: 489 ZUIDER ZEE Address: Address: City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: Title: () Delete Title: () Change () Addition GRYZENHOUT, JAN Name: Name: Address: 322 DYKE DR. Address: City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: Title: () Delete Title: (X) Change () Addition HOOPER, FRED Name: HOOPER, FRED Name: 235 LUCERNE DRIVE 235 LUCERNE DRIVE Address: Address: City-St-Zip: N. FT. MYERS, FL City-St-Zip: N. FT. MYERS, FL 33903 Title: AS () Delete Title: AS (X) Change () Addition Name: BROWN, IRENE Name: JONES, WINIFRED 196 ELBURG DR W V Address: Address: 381 BERGEN City-St-Zip: N. FT. MYERS, FL City-St-Zip: N. FT. MYERS, FL 33903 Title: () Delete Title: () Change () Addition MORNINGSTAR, VIOLA Name: Name: 321 DYKE AVE. Address: Address: City-St-Zip: N FT MYERS, FL 33903 City-St-Zip: Title: () Delete Title: () Change () Addition THURLOW, BARBARA Name: Name: Address: 256 NETHERLAND DR Address: NORTH FORT MYERS, FL 33903 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. NICOLINE T 01/25/2009